

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (For use with Form PTO/SB/06)							Application Number		Filing Date	
							Applicant(s) <b>Bor Z Jang</b>			
* May be used for additional claims or amendments										
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	X						51			
2		X					52			
3		X					53			
4		X					54			
5		X					55			
6		X					56			
7		X					57			
8		X					58			
9		X					59			
10		X					60			
11		X					61			
12		X					62			
13		X					63			
14	X						64			
15		X					65			
16		X					66			
17		X					67			
18		X					68			
19		X					69			
20		X					70			
21	X						71			
22		X					72			
23		X					73			
24							74			
25							75			
26							76			
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45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
Total Indep	3						Total Indep			
Total Depend	20						Total Depend			
Total Claims	23						Total Claims			

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